PLAQUENIL STATUS REPORT

(Use for hydroxychloroquine/Aralen/chloroquine) (Updated 05/25/2022)

Name	Date of Birth PI#			
MID#	Applicant ID#	PI#		
	or optometrist must complete equired tests (see below) to Al		an must pr	ovide this
Using US Postal Service Federal Aviation Administr Aerospace Medical Certifi Mike Monroney Aeronauti PO BOX 25082 Oklahoma City, OK 7312	ration cation Division AAM-300 cal Center	Using special mail (UPS, Federal Aviation Administr Aerospace Medical Certific Civil Aerospace Medical Ir 6700 S. MacArthur Boulev Oklahoma City, OK 73169	ration cation Division stitute, Build rard, Room 3	n-AAM-300 ing 13
1. Provider printed name/title	e:	Phone number		
2. Date hydroxychloroquine	(HCQ) or chloroquine (CQ) tre	eatment initiated		
3. Date of most recent HCQ/	CQ screening			
4. Type of screening: □ Bas	seline or Follow-up			
	Does the airman take or have ANY of	of the following:		
BASELINE	Group:		FOLLOW-UP	
NO	A. HCQ/CQ medication for 5 or more years B. Tamoxifen or other drugs affecting the m C. Renal Disease (GFR less than 60 mL/mi D. Glaucoma E. Maculopathy and/or F. Higher than average renal weight dosing • HCQ > 5 mg/kg • CQ > 2.3 mg/kg	acula n)	,	
Baseline evaluation includes:		Baseline and annual	evaluation include	es:
Eye evaluation with dilated fundus exa	m	A. Eye evaluation with B. Threshold visual fie C. Spectral-domain op tomography (SD-OCT	eld* otical coherence	am
)
May Consider CACI (NOTE: Will not require another exam un or until airman meets any of the criteria i gray box above.)		LONG-TERM (Group A only) May Consider CACI if all testing shows no abnormal pathology	Not CAC	SI/SC and
*Threshold visual field: 10-2	or 12-2. Per AAO guidelines, for individuals of Asian of the treating eye provider). n Medical Examiner use only.	descent, we will accept 24-2 or 30-2 threshold whe	en perimacular	
_	ion or other macular/extra-mad		□ Yes	□ No
Abnormality on automated threshold visual field testing: If yes, explain:			□ Yes -	□ No
7. Abnormality on Spectral-domain optical coherence tomography (SD-OCT): If yes, explain:			□ Yes	□ No
	symptoms, color vision loss, o		□ Yes	□ No
Treating Provider Signature	cademy of Ophthalmology (AAO)	Date	-	